

Review Requirements Checklist
INDIVIDUAL MEDICARE SUPPLEMENT APPLICATIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14VAC5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14VAC5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14VAC5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14VAC5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14VAC5-100-40 5	Description of market for which the form is intended.
	14VAC5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a “stamped” copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Variable Language		All variable information must be bracketed and explained in detail. A Statement of Variability (SOV) should be provided in all cases where variable information is presented. The SOV should be detailed and specific. It should identify each variable field appearing in the forms and describe specifically how that field will vary from the text as presented. For any variable numerical information, please express the minimum and maximum values. Any variable language must be defined sufficiently so that compliance with statutory or regulatory requirements can be determined. The SOV should be provided under Supporting Documentation.
Additional SERFF Filing Requirements	Administrative Letter 2012-03	Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings.
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.

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INDIVIDUAL MEDICARE SUPPLEMENT APPLICATIONS

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		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the state tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.
Forms		
Form Number	14VAC5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company Name & Address	14VAC5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final Form	14VAC5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14VAC5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval).
Type Size	14VAC5-100-50 5 14VAC5-110-50 C	Individual Accident and Sickness forms must be printed with type size of at least 10-point type.
Contents of Policies	§ 38.2-305 A	Each policy/contract shall specify the: (1) The names of the parties to the contract, (2) The subject of the insurance, (3) The risk insured against, (4) The time the insurance takes effect, (5) The conditions pertaining to insurance.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Code of Virginia does not define "Insurance Fraud". Any fraud notice that includes the term "insurance fraud" is not in compliance with this section of the Code. In Virginia, a fraud notice relating to life insurance, annuities, accident and sickness, health maintenance organizations, health services plans, credit accident and sickness and credit life insurance should not include references to imprisonment or fines. Variations in a notice warning of consequences of making fraudulent statements will be considered.
Misrepresentation	§ 38.2-316 D 3	No form should contain any statement or question, which has the potential or capacity to encourage misrepresentation.

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INDIVIDUAL MEDICARE SUPPLEMENT APPLICATIONS

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Electronic Delivery	§ 38.2-325 F	Any evidence of coverage or other forms that do not contain personally identifiable information that a health carrier is required to provide to a policyholder, subscriber, or enrollee may be delivered electronically to the policyholder, subscriber or enrollee or posted to the health carrier's publicly available website in lieu of any other method or delivery.
Medicaid Eligibility	§ 38.2-508.3	Can't use Medicaid status as an insurability factor.
Inquiry for Prior Adverse Underwriting Decisions	§ 38.2-611	Any questions regarding prior adverse underwriting decisions must also inquire as to the reason for the adverse underwriting decisions.
Applicant/Agent Certification	§ 38.2-3402	Certification by applicant and agent required with signature lines.
Eligible Individual Defined	§ 38.2-3430.2 B 1	Eligible individual defined; required in certain health insurance applications.
Creditable Coverage Reduction Disclosure	§ 38.2-3430.2 B 6	The aggregate period of creditable coverage is reduced from 18 months to 12 months if most recent creditable coverage is individual health insurance that is not renewed by the health insurance issuer.
Eligibility Questions	§ 38.2-3430.3 C	Application must include questions that enable health insurance issuer to determine if applicant is applying for coverage as eligible individual under § 38.2-3430.2.
Application	§ 38.2-3511 B	No alteration of any written application can be made by any person other than the applicant without his written consent.
Receipt of Buyer's Guide	14VAC5-170-150 A 6	Delivery of buyer's guide must be made to applicant at time of application and issuer must obtain acknowledgement of receipt of guide. (Except for direct response policies.)
Receipt of Outline of Coverage	14VAC5-170-150 D 1	Delivery of the outline of coverage must be made to applicant at the time of application and issuer must obtain acknowledgement of receipt of the outline. (Except for direct response policies).
Required Statements and Questions	14VAC5-170-160 A	See 14VAC5-170-160 A.
Statements for Agents	14VAC5-170-160 B	Statements for agents (when applicable).
Notice to Buyer prominent on first page of policy	14VAC5-170-180 A 3	Notice to Buyer must appear prominently on first page of policy.
Genetic Information Privacy	14VAC 5-170-215	Prohibits genetic characteristics and testing information in underwriting.
Additional Requirements Based on Type of Policy		Consideration should be given to exceptions, guaranteed issue, direct response, for example.
Direct Response	14VAC5-90-60 C 3	The disclosures contained therein must appear in all direct response applications whenever applicable.
Privacy Disclosure Requirements (If Included in the form)		
Full Notice of Information Practices	§ 38.2-604 B 1	The notice shall state whether personal information may be collected from persons other than an individual proposed for coverage.

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INDIVIDUAL MEDICARE SUPPLEMENT APPLICATIONS

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	§ 38.2-604 B 2	The notice must specify the types of personal information that will be collected and the types of sources and investigative techniques that may be used.
	§ 38.2-604 B 3 § 38.2-613	The notice must specify the types of disclosures identified in § 38.2-613 and the circumstances under which disclosures may be used without prior authorization.
	§ 38.2-604 B 4 § 38.2-608 § 38.2-609	The notice must contain a description of the rights established under §§ 38.2-608 and 38.2-609 and the manner in which those rights may be exercised.
	§ 38.2-604 B 5	The notice must disclose that information obtained by the insurance-support organization may be retained by them and disclosed to other persons.
Abbreviated Notice of Information Practices	§ 38.2-604 C 1	Personal information may be collected from persons other than an individual proposed for coverage.
	§ 38.2-604 C 2	Information, as well as other personal or privileged information, in certain circumstances, may be disclosed to third parties without authorization.
	§ 38.2-604 C 3	A right of access and correction exists with respect to all personal information collected.
	§ 38.2-604 C 4 § 38.2-604 B	The notice prescribed in § 38.2-604 B will be furnished to the applicant or policyholder upon request.
Authorization Form Contents	§ 38.2-606 1	The authorization must be written in plain language.
	§ 38.2-606 2	The authorization must be dated.
	§ 38.2-606 3	The authorization must specify the types of persons authorized to disclose information about the individual.
	§ 38.2-606 4	The authorization must specify the nature of the information authorized to be disclosed.
	§ 38.2-606 5	The authorization must identify the insurance institution and by generic reference representatives of the insurance institution to whom the individual is authorizing information to be disclosed.
	§ 38.2-606 6	The authorization must specify the purpose(s) for which the information is collected.
	§ 38.2-606 7 a 1	If the authorization is signed for the purpose of collecting information in connection with the application, the authorization shall remain valid no longer than 30 months from the date the authorization is signed.
	§ 38.2-606 7 b 1	If the authorization is signed for the purpose of collecting information in connection with a claim for benefits for accident and sickness insurance, it shall remain valid for the term of the coverage of the policy.

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INDIVIDUAL MEDICARE SUPPLEMENT APPLICATIONS

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	§ 38.2-606 7 b 2	<p>If the authorization is signed for the purpose of collecting information in connection with a claim for benefits but not for accident and sickness insurance, it shall remain valid for the duration of the claim.</p> <p>*Note that if the authorization is signed for the purpose of collecting information in connection with a claim for benefits associated with life insurance or annuity products AND accident and sickness insurance products, the authorization must include the requirements set forth in subdivisions b 1 and b 2 of subsection 7.</p>
	§ 38.2-606 8	The authorization must advise the individual or a person authorized to act on behalf of the individual that the individual or the individual's authorized representative is entitled to receive a copy of the authorization form.
Investigative Consumer Reports	§ 38.2-607 A 1	The authorization must state that the individual may request to be interviewed in connection with the preparation of the report.
	§ 38.2-607 A 2	The authorization must state that upon a request, pursuant to § 38.2-608, the individual is entitled to receive a copy of the report.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Forms and Rates Section of the Life and Health Division reviews individual Medicare supplement applications. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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I hereby certify that I have reviewed the attached individual Medicare supplement application filing and determined that it is in compliance with the individual Medicare Supplement application checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____